## **County of San Bernardino**

Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554 Internet: www.sbcounty.gov



## **COMPLAINT AGAINST COUNTY DEPARTMENT OR ENTITY**

PERSON REGISTERING COMPLAINT:		
Last Name :	First:	
Physical Address:	City:	Zip:
Mailing Address:	City:	Zip:
Contact Phone No: (	) - Email Address:	
COMPLAINT REGISTERED AGAINST:		
Name of Department(s):		
Name of Person(s):		
` '	Cit	Dhara #. / )
Address:	City:	Phone #: _( ) -
INFORMATION REGARDING COMPLAINT:		
Date of alleged incident:		
•		
Place of alleged incident:		
Please give description of complaint (attach additional sheets if necessary):		
ADDITIONAL INFORMATION:		
Did you contact the department regarding the incident? Yes No		
If yes, name of person contacted:  Date Contacted:		
Results of contact (attach additional sheets if necessary):		
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As a courtesy to the complainant, upon receipt of complaint, the Clerk of the Board's office forwards a copy of the complaint to the Board of Supervisors, and also to the department head of the involved		
department for their respor of the complaint.	ise. Our office does not contact	the involved department regarding resolution
Signature:		Date:

Return completed/signed form to address listed above. Thank you.